

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000094359 (3)

1. Corporation Name

KENNY KNOX GOLF SERVICES, INC.

Principal Place of Business

800 WEST MADISON STREET  
TALLAHASSEE FL 32304

Mailing Address

800 WEST MADISON STREET  
TALLAHASSEE FL 32304



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1995

4. FEI Number

59-3379830

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 2111 Gilliam Rd

Suite, Apt. #, etc.

22

City & State

23 Tallahassee, FL

Zip

24 32308

Country

25 US

2a. Mailing Address

26 2111 Gilliam Rd

Suite, Apt. #, etc.

27

City & State

28 Tallahassee, FL

Zip

29 32308

Country

30 US

9. Name and Address of Current Registered Agent

KNOX, KENNY  
800 WEST MADISON STREET  
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name

Knox, Kenny

82 Street Address (P.O. Box Number is Not Acceptable)

2111 Gilliam Rd

83

84

City Tallahassee

FL

85 Zip Code

32308

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12-19-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D KNOX, KENNY  
STREET ADDRESS 800 WEST MADISON STREET  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☒ DELETE

NAME D WALKER, JAMES A JR.  
STREET ADDRESS 800 WEST MADISON STREET  
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P Kenny Knox  
1.3 STREET ADDRESS 2111 Gilliam Rd  
1.4 CITY-ST-ZIP Tallahassee, FL 32308

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME TS Karen Knox  
2.3 STREET ADDRESS 2111 Gilliam Rd  
2.4 CITY-ST-ZIP Tallahassee, FL 32308

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kenny Knox

1-9-98

850 422 1919

CR2E034 (10/97)